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NA PASSPORT TO HEALTH

JOHN REDDY

HANDBOOK for CLIENTS

PASSPORT To Health

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Important Phone Numbers

If you have questions or need help, here are some numbers you may want to call.

If you have a disability and you need the information in this handbook in some other form, contact:

Montana Medicaid Help Line **1-800-362-8312**
PO Box 254 FAX: 1-406-442-2328
Helena, MT 59624-0254

How do I get Medicaid?

Call your local County Office of Public Assistance. If you do not know the phone number, call the **Medicaid Help Line at 1-800-362-8312** to get the number.

General Medicaid Questions and the **PASSPORT To Health Program** **1-800-362-8312**

Medicaid Transportation Center **1-800-292-7114**
(Call before your appointment)

Medicaid Fraud **1-800-376-1115**

How to Get a **Telecommunication Device for the Deaf (TDD)** **1-800-833-8503**

Montana Relay Services Voice: **1-800-253-4093**
TDD: **1-800-253-4091**

Welcome to PASSPORT To Health

PASSPORT To Health is the Montana Medicaid Managed Care Program.

What is Medicaid?

Medicaid is a government health insurance program that helps pay for medical care.

How can you get Medicaid?

You will need to call or go to your local County Office of Public Assistance to get an application. You can get Medicaid if you fill out the application and:

- You meet the Medicaid income limits, and

- You are in a group covered by Medicaid, such as pregnant women, children, and people with disabilities.

You can find more about Medicaid in a handbook called ***Your New Handbook - What You Need to Know.*** To get this handbook, call your local County Office of Public Assistance.

Are all people in the PASSPORT Program on Medicaid?

Yes. Everyone in the PASSPORT Program is on Medicaid. N*ot everyone* on Medicaid is in the PASSPORT Program though.

What is the Medicaid Help Line?

PASSPORT To Health has a toll-free Montana Medicaid Help Line. The Medicaid Help Line staff is ready to help you with any questions or concerns you have about PASSPORT To Health or Medicaid.

You can call the Medicaid Help Line at 1-800-362-8312, Monday through Friday, 8 am to 5 pm. The call is free and confidential.

PASSPORT To Health

What is PASSPORT To Health?

PASSPORT To Health is a Managed Care Program for people in Montana who get Medicaid. This Handbook for Clients tells about the PASSPORT To Health Program. People in the PASSPORT Program can be sure of getting good health care because each person has a PASSPORT provider that manages his or her health care.

Please read this handbook carefully, and if you have questions call the Medicaid Help Line at 1-800-362-8312, Monday through Friday, 8 am to 5 pm. The call is free and confidential.

Are your Medicaid benefits different in PASSPORT To Health?

In PASSPORT To Health you get exactly the same Medicaid benefits that you would get in regular Medicaid.

What is a PASSPORT provider?

A PASSPORT provider is a doctor, nurse practitioner, physician assistant, or medical clinic that helps you manage your medical care.

Your PASSPORT provider takes care of most of your medical needs, such as regular check ups, and keeps your medical records up to date and in one place.

Medicaid will pay only if most of your health care is done by or referred by your PASSPORT provider.

Choosing a PASSPORT Provider

How do you choose the PASSPORT provider that is best for you and your children?

Here are some tips to help you choose:

- Choose a provider for each person in the family. You can choose the same provider for everyone, or each person can have a different provider. For example, parents may choose a pediatrician for their child and an internist for themselves, or choose a family doctor or nurse practitioner to be the provider for the whole family.
- If you want to keep seeing the provider you see now, ask that provider if he or she is a PASSPORT provider. If your provider is a PASSPORT provider, you can choose him or her to be your PASSPORT provider.

If you do not have a provider now, call the Medicaid Help Line at 1-800-362-8312, Monday through Friday, 8 am to 5 pm. The Medicaid Help Line staff can tell you about the PASSPORT providers near you.

You must choose a PASSPORT *provider, or* PASSPORT *will choose one for you. It's best if you choose—because you know what's right for you and your family.*

What if you have a problem with your PASSPORT provider?

If you have a problem with your PASSPORT provider, talk to the provider. Often that will help.

You can also call the Medicaid Help Line at 1-800-362-8312, Monday through Friday, 8 am to 5 pm. Tell the person who answers that you are having a problem with your PASSPORT provider.

Can you change your PASSPORT provider?

Yes. You can change your provider once per month. To change your PASSPORT provider, call the Medicaid Help Line at 1-800-362-8312, Monday through Friday, 8 am to 5 pm.

If you ask to change your PASSPORT *provider, you will get a letter in the mail to tell you when the change has happened and when you can start to see your new provider. The change usually happens at the beginning of the next month.*

Can the Indian Health Service (IHS) be your PASSPORT provider?

Yes. If you are Native American, you can choose IHS as your PASSPORT provider. Or, you can choose another PASSPORT provider, who is not with IHS.

If you choose a PASSPORT provider who is not with IHS you can still go to IHS for health services without a referral from your PASSPORT provider. However, if IHS refers you to a provider who is *not with* IHS you *must also* get a referral from your PASSPORT provider *before* you go.

Medicaid may not pay the bill if you do not get a referral from your PASSPORT *provider before seeing another provider.*

What if you get sick when your provider's office is closed?

If you get sick when your provider's office is closed, wait until the office opens, then call your provider to make an appointment. However, if it is an emergency call 911 or go to the nearest emergency room.

Referrals

What if you need to see another doctor or provider?

If you need care from other doctors or need to go to a hospital for non-emergent services, your PASSPORT provider will need to give you a referral. Ask your PASSPORT provider.

Medicaid may not pay the bill if you go to another doctor or hospital without a referral from your PASSPORT *provider.*

You can get some services without a referral from your PASSPORT provider. See the Medicaid Services chart on pages 24-42 for the services that don't need referrals.

Pregnant Women in PASSPORT To Health

Where should pregnant women go for health care?

Pregnant women may get *obstetrical* (pregnancy-related) care from any provider who takes Medicaid. Pregnant women *do not need to ask for a referral* for pregnancy care.

Most other health care, *not pregnancy-related*, must come from your PASSPORT provider or from another provider with a referral from your PASSPORT provider, or Medicaid will not pay.

If you are pregnant, you should have FULL Medicaid. If you do not have FULL coverage, call your Eligibility Case Manager at your local County Office of Public Assistance and make sure they know you are pregnant. You can keep getting FULL Medicaid for 60 days after the last day of your pregnancy and through the end of that month.

Be sure and tell your Eligibility Case Manager at your local County Office of Public Assistance when your baby is born.

Pregnant women do not have any cost sharing for any Medicaid covered services during pregnancy and for 60 days after the last day of pregnancy and through the end of that month. Pregnant women have no cost sharing even if the service has nothing to do with the pregnancy. If a medical provider or pharmacy asks for cost sharing and you are pregnant, tell them that you are pregnant or that you just had a baby, and give the date that your baby was born.

Tips for pregnant women

Caring for yourself and your baby during pregnancy is very important. You need to be strong and healthy while your baby is growing.

If you think you are pregnant:

- Get medical care as soon as possible
- Tell each health care provider that you are pregnant
- DO NOT use alcohol, drugs or smoke
- Get plenty of rest and eat healthy foods
- Follow your provider's advice

PASSPORT Responsibilities and Rights

Your PASSPORT Responsibilities

- Choose your PASSPORT provider. If you do not choose, PASSPORT will choose one for you.
- Check your Medicaid card to make sure the information on it is correct. Tell your Eligibility Case Manager if it is not correct.
- Ask your provider before you see another provider. If you do not, you may have to pay the bill!
- Take your Medicaid card with you when you get health care services and show it to the person at the desk right away. If you do not take your card, the provider may not accept you as Medicaid. Medicaid may not pay the bill.
- Call ahead for appointments, and be on time.
- If you cannot go to your medical or dental appointment, call your provider before the appointment. The provider's office can schedule another person in your place.
- Go to the emergency room only if there is a medical emergency. Do not go for routine care. Medicaid will not pay for non-emergency care in the emergency room, even if your PASSPORT provider gives a referral.
- Treat providers and office staff with respect.
- Pay all cost sharing.

Your Rights - What you can expect

- You can get the same quality of medical care as people who are not on Medicaid.
- You can choose your own PASSPORT provider.
- You can change your PASSPORT provider up to once per month.
- PASSPORT providers and staff will treat you politely and with respect.
- PASSPORT providers will explain your medical conditions to you.
- PASSPORT providers will keep your medical records and conversations with you private and confidential.
- You can ask your providers for a copy of your medical records.
- PASSPORT providers will talk about your treatment before it starts.
- You can refuse medications or treatments.
- You can make a complaint about Medicaid and get an answer.
- You can get information about Medicaid when you ask for it.
- You will be told what Medicaid services are covered.
- You can get free interpreter services for your medical appointments. The provider that you see is responsible for providing this service to you.
- You can expect not to be restrained or put into isolation (be put in a room by yourself away from other people, for example) so that someone can get you to do something they want you to do or to punish you for something you did do.

Out-of-State Services

What if you need health services when you are not in Montana?

- If an out-of-state provider (or pharmacy) does not accept Montana Medicaid, or if you get a service not covered by Medicaid, Montana Medicaid will not pay for the service.
- The out-of-state provider must get prior approval from the Mountain Pacific Quality Health Foundation (1-800-262-1545, ext 150) for *all* inpatient hospital services.
- Medicaid will cover out-of-state medical emergency services if the out-of-state provider accepts Montana Medicaid. You do not need a referral from your PASSPORT provider for emergencies.
- For health care that is not an emergency, you must get your PASSPORT provider's referral before getting the care (unless the service does not need a referral).
- You must pay the same cost sharing for out-of-state covered services that you pay in Montana. See page 20 for information on cost sharing.

What if you cannot get the health services you need in Montana?

If you cannot get the Medicaid services you need in Montana or within 100 miles of the Montana border, you may get the service in another state after your provider gets prior approval from the Mountain Pacific Quality Health Foundation (1-800-262-1545, ext 150). You must get your PASSPORT provider's referral before getting the care (unless the service does not need a referral).

Medicaid never pays for health services in Canada, Mexico or anywhere else outside the United States.

Emergencies

What if you have an emergency?

Call 911 or go to the nearest emergency room.

When should you go to the emergency room?

Go to the emergency room only when you have a medical emergency. *Do not go to the emergency room for routine care.*

An emergency means the symptoms of the medical condition seem so severe that a prudent layperson (a person with average knowledge of health and medicine) would expect that there might be medical danger to the health of the patient or unborn child unless the symptoms were treated right away. An example of an emergency is when someone is bleeding a lot, or if someone is having trouble breathing.

If you have an emergency and go to the emergency room, you can get emergency treatment without your PASSPORT provider's referral. If the emergency treatment has been done and you still need more care, you will need to go to your PASSPORT provider for that care. Medicaid will not pay for non-emergency care in the emergency room, even if your PASSPORT provider gives a referral.

What if you have a health emergency while traveling in another state?

Medicaid will not pay for out-of-state emergency treatment unless the hospital takes Montana Medicaid, or agrees to join Montana Medicaid.

Remember:

- If you are not sure that you should go to the emergency room, call your PASSPORT provider to ask. If your provider's office is closed, call your provider's after-hours phone number.
- If you go to the emergency room for any service that is not an emergency, Medicaid will not pay the bill.

Clients Who Are Not Eligible for PASSPORT

Can every Medicaid client join PASSPORT To Health?

No. Some Medicaid clients *may not join* PASSPORT To Health. They are:

- people who can get Medicaid only after they pay some of their medical expenses each month (called cash-option or spend-down);
- people who are in subsidized adoption (for children that are adopted and the state pays for medical expenses);
- people who live in a nursing home or a similar facility;
- people who live in a county without PASSPORT;
- people who have both Medicare and Medicaid;
- people who get Medicaid Home and Community Based Services;
- people who are on the Medicaid Restricted Card program; and
- people who only get Medicaid temporarily (for a short time).

What is an exemption from PASSPORT To Health?

An *exemption* means that joining PASSPORT To Health is not required.

Most people on Medicaid must join PASSPORT. Sometimes joining PASSPORT could create a medical hardship. When that is the case, an exemption may be possible.

If you think you need an exemption, call the Medicaid Help Line at 1-800-362-8312.

What is Nurse First?

Nurse First is Montana Medicaid's nurse advice and disease management programs. It was designed to improve your health and help you decide where and when to access health care. The services are:

- Free and Confidential
- Available 24 x 7 – Call anytime of the day or night, weekends and holidays

You can:

- Talk to a registered nurse without leaving your home
- Get free medical advice and help you feel better
- Do your part by calling Nurse First prior to seeking medical help

Contact your Office of Public Assistance (OPA) case manager for details today.

What is Team Care?

Team Care is a new part of the PASSPORT to Health Program. Team Care is only for Medicaid Clients who have used a lot of health care services when not medically necessary. If you have been enrolled in Team Care, you will receive notice in the mail.

The Team Care program helps you decide how, when, and where you can seek Medicaid payable services. You will continue to get the care you need, and a team to help you decide the right time and place.

Team Care members are required to call the free Nurse First Advice Line before seeking medical care, even from your PCP, unless you have a life or limb-threatening emergency. The nurse will help you decide how to best access care.

The nurses at Nurse First Advice Line are always there. The call is free.

Your Team Care provider will take care of most of your health care needs. You need a referral from your Team Care provider before you see any other health care providers. If you do not have a referral, you may be responsible for the bill.

Team Care clients must also get all their prescriptions at one pharmacy.

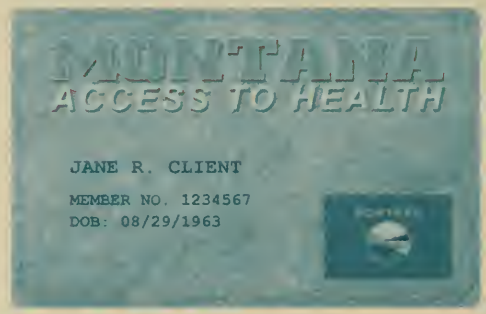
If you have questions about Team Care, call the Medicaid Help Line at 1-800-362-8312.

Medicaid

Your Medicaid card

Everyone on Medicaid will get a plastic Medicaid card in the mail after being approved for Medicaid. Each person on Medicaid will get their own card. **Do not throw your card away even if your Medicaid ends. Keep the card!** You will use the same plastic card if you become eligible in the future. Keep it in a safe place, like a purse or a wallet. You will need it to get Medicaid services.

If the information on the card is not right, call your Eligibility Case Manager at your local County Office of Public Assistance as soon as you can. To find the phone number of your local Office, call the Medicaid Help Line at 1-800-362-8312.



Your card will look like this:

Your Medicaid card will have:

- Your name
- Your Medicaid number (called your Member Number)
- Your birth date

After you choose your PASSPORT provider, you will get a letter in the mail that will have:

- The name of your PASSPORT provider
- Your PASSPORT provider's after-hours phone number

If you have not chosen a PASSPORT provider yet, call the Medicaid Help Line at 1-800-362-8312. *If you do not choose a provider, one will be chosen for you.*

- **You can start getting health care** from your PASSPORT provider as soon as you are enrolled in PASSPORT.
- **If you lose your card,** and you need health care, call your Eligibility Case Manager at your local County Office of Public Assistance.
- **Use the correct Medicaid card** for the person that is getting the Medicaid service.
- **Take your Medicaid card with you** when you go for health services or to get prescriptions. *If you do not take your card you may have to pay the bill!*

Financial Assistance and Medicaid

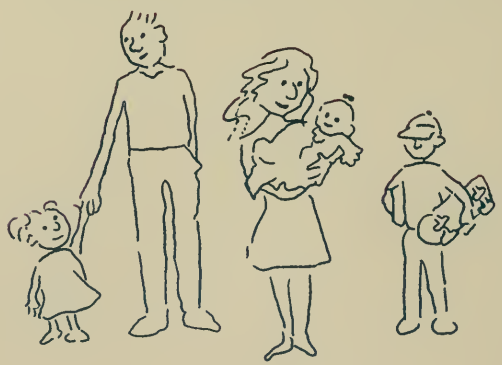
Some people in PASSPORT may also get financial assistance (cash help).

If financial assistance ends, you may still be able to keep your Medicaid. Call your local County Office of Public Assistance to ask about keeping Medicaid. Your Eligibility Case Manager can give you information about Transitional Medicaid benefits that may provide medical coverage for you and your family.

If you move, get married or have a baby

Tell your Eligibility Case Manager if there are any changes in your household, such as a move, becoming pregnant or having a baby, getting married or separated or divorced, changing jobs, or getting more or less income (money). Your Eligibility Case Manager will tell you what you need to do to see if you can still get Medicaid.

You must call your Eligibility Case Manager within 10 days of any change.



Medicaid Services

Is there cost sharing for Medicaid services?

Yes. Cost sharing is the money you pay for your health care. Medicaid pays the rest. You and Medicaid share the cost of your health care.

You must pay a small amount for most services if you are:

- age 21 or over,
- living outside a nursing home, or
- not pregnant.

Pregnant women do not have any cost sharing for any Medicaid covered services during pregnancy and for 60 days after the last day of pregnancy and through the end of that month. Pregnant women have no cost sharing even if the service has nothing to do with the pregnancy. If a medical provider or pharmacy asks for cost sharing and you are pregnant, tell them that you are pregnant or that you just had a baby, and give the date that your baby was born.

What are the cost sharing fees?

- You pay between $1 and $5 for each prescription, but not more than $25 in one month for all prescriptions.
- You pay between $1 and $5 each time you visit a provider.
- There is no yearly cap on cost shares.
- You pay $100 for each inpatient (overnight) hospital stay.

If you have another health insurance, such as Medicare *or a private insurance that covers the service, then you have no cost sharing for that service.*

If you do not pay the cost sharing:

Your provider may hire a collections agency to call or write to you about the money.

Your provider may tell you that he or she must stop seeing you.

Do all people in PASSPORT get the same Medicaid benefits?

No. Some people get FULL Medicaid, and some people get BASIC Medicaid. *It is up to you to know if you are on* BASIC *or* FULL, *and which* Medicaid *services are covered for you.*

FULL Medicaid and BASIC Medicaid

FULL Medicaid

FULL Medicaid means that you can get any service that Medicaid covers if the service is medically necessary. Read the chart of Medicaid services starting on page 24.

People who get FULL Medicaid are:

- pregnant women;
- children age 20 and under; and
- adults who are blind, age 65 or older or disabled and anyone who gets Supplemental Security Insurance (SSI).

BASIC Medicaid

BASIC Medicaid means that the state will not pay for some Medicaid services, except in emergencies or when you must have the service so you can get a job or keep your job. Read the list of Medicaid services starting on page 24 to see what services are covered for people on BASIC Medicaid.

People who get BASIC Medicaid are adults over age 20 who are:

- not pregnant;
- not blind; and/or
- under age 65; and not disabled or getting Supplemental Security Insurance (SSI).

What services does Medicaid cover?

Medicaid covers many services, but *not* all services. Read the chart on the next pages to find out what services are covered by FULL and BASIC Medicaid. Always ask your provider if a service is covered.

The handbook called *Medicaid, Your Health Insurance*, tells you more about each service. You can also call the toll-free Medicaid Help Line, at 1-800-362-8312, Monday through Friday, 8 am to 5 pm.

- Medicaid will only pay for a covered service that is medically necessary. *Medically necessary* means that a Medicaid provider states that the person needs it. (And Medicaid agrees if the service is reviewed.)
- You are responsible for knowing what services are in the chart and for knowing if you are covered under FULL or BASIC Medicaid.
- The services you may be eligible for can change if you are in the Home and Community Based Waiver Program or if you are receiving Developmental Disabilities Services.
- Any Medicaid service is available to children age 20 and under if a provider states that the service is medically necessary.

MEDICAID SERVICES CHART

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Abortion Ask your PASSPORT provider. Some abortions are covered.	Ask your PASSPORT provider. Some abortions are covered.	No.	No.
Ambulance Emergency ground and air transport. (See Transportation for non-emergencies.) (See the definition of an emergency on page 13.)	Yes.	No.	No.
Anesthesiology	Yes.	No.	$4.
Blood Lead Testing	Yes.	No.	$4.
Case Management-Targeted	Yes.	No.	No.

See notes about Medicaid services on page 23.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Chiropractic Only for people age 20 and under and people with Qualified Medicare Beneficiary Coinsurance (QMB).	No.	Yes.	No.
Dental Covered for an oral exam and cleaning every 6 months. There are limits on most other services. Ask your dentist.	Ask your dentist. Some dental emergencies are covered; some dental services are covered if you need them to get a job or keep a job.	No.	$3.
Developmental Disabilities Services Ask your provider if you qualify. There is a waiting list.	Yes. Ask your provider if you qualify. There is a waiting list.	No.	No.
Dialysis – Free Standing Centers	Yes.	No.	$5.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Dialysis – Home Dialysis Attendant Service Your provider will need prior approval of the home attendant from Medicaid.	Yes. Your provider will need prior approval of the home attendant from Medicaid.	No.	No.
Drugs – Prescription Ask your provider. There are limits.	Yes. Ask your provider. There are limits.	No.	$1 to $5 for each prescription, but never more than $25 in one month.
Durable Medical Equipment – Orthotic, Prosthetic and Supply Your provider may need prior approval from Medicaid. Ask your provider. There are limits.	Might be covered if the equipment is needed to get a job or keep a job. Your provider may need prior approval from Medicaid.	No.	$5 for each item.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Emergency Room For emergencies only. You will have to pay for non-emergencies, even if you have a referral.	Yes. For emergencies only. You will have to pay for non-emergencies, even if you have a referral.	No. You never need a referral for emergencies.	Not for emergency services. All other services have a cost share.
Eye Exams Age 21 and older: 1 exam every 24 months. Age 20 and under: 1 exam every 12 months. Covered for eye disease or injury.	Covered for eye disease or injury. Might be covered if needed to get a job or keep a job. Ask your Eligibility Case Manager.	No.	$2.
Eyeglasses Age 21 and older: 1 pair of glasses every 24 months. Age 20 and under: 1 pair of glasses every 12 months.	Might be covered if needed to get a job or keep a job. Ask your Eligibility Case Manager.	No.	You might pay a $2 dispensing fee to an optician.

See notes about Medicaid services on page 23.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Family Planning Some services include: reproductive health exams, client counseling and education, sterilizations, testing for sexually transmitted diseases, and birth control supplies. Ask your provider. Some services have special requirements.	Yes. Ask your provider. Some services have special requirements.	No.	No.
Hearing Aids Your provider will need approval from Medicaid. Ask your provider. There are limits.	Might be covered if needed to get a job or keep a job. Ask your Eligibility Case Manager.	No.	$2 for each hearing aid.

See notes about Medicaid services on page 23.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Hearing Exams	Might be covered if needed to get a job or keep a job. Ask your Eligibility Case Manager.	No.	$2.
Home and Community Based Waiver Services Ask your Eligibility Case Manager about qualifying for these special services. If you are in this program you are not in the PASSPORT Program.	If you are in this program you are not in the PASSPORT Program.	No.	No.
Home Health Services Your provider will need approval from Medicaid.	Yes. Your provider will need approval from Medicaid.	Yes.	$3.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Home Infusion Therapy Your provider may need prior approval from Medicaid.	No.	No.	$5.
Hospice	Yes.	No.	No.
Hospital – Inpatient Your provider may need prior approval from Medicaid. To learn about hospital care in another state, read page 12.	Yes. Your provider may need prior approval from Medicaid. To learn about hospital care in another state, read page 12.	Yes. Except for pregnancy related.	$100 for each stay.
Hospital – Outpatient For example, mammograms, lab tests and some therapies. To learn about hospital care in another state, read page 12.	Yes. To learn about hospital care in another state, read page 12.	Yes. Except for family planning, pregnancy related, shots, vision, dental and certain other services. Ask your provider.	$5.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Hospital – Nursing Home Care (Swing Beds) A swing bed is when you stay in the hospital and are waiting for a bed to be open in a nursing home. Your provider may need prior approval from Medicaid.	Yes. Your provider may need prior approval from Medicaid.	No.	No.
Immunizations (Shots)	Yes.	No.	No.
Lab Work	Yes.	No.	$4 if done by your provider.
Mental Health Services Your provider may need prior approval from Medicaid.	Yes. Your provider may need prior approval from Medicaid.	No.	Yes. There is cost sharing for some services. Ask your provider.

See notes about Medicaid services on page 23.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Nursing Homes If you live in a nursing home permanently, you are not in the PASSPORT Program.	Yes. If you live in a nursing home permanently, you are not in the PASSPORT Program.	No.	No.
Nursing Services – Intermediate Care Facilities for Mentally Retarded Your provider may need prior approval from Medicaid.	Yes. Your provider may need prior approval from Medicaid.	No.	No.
Nutrition Services Only for people age 20 and under. Diabetic nutritional education may be covered for adults. Ask your provider.	Diabetic nutritional education may be covered for adults. Ask your provider.	Yes.	No.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Obstetric Services (OB) Pregnancy & childbirth	Yes.	No.	No.
Occupational Therapy – Outpatient People age 21 and older are limited to 40 hours per year from July 1st to June 30th.	Yes. Limited to 40 hours per year from July 1st to June 30th.	Yes.	$2.
Orthodontia Covered for people age 20 and under who have certain conditions. Your provider will need prior approval from Medicaid.	No. Covered for people age 20 and under only.	No.	No.

See notes about Medicaid services on page 23.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Personal Assistance Services Assistance for daily living activities. Your provider will need prior approval from Medicaid.	Might be covered if needed to get a job or keep a job. Ask your Eligibility Case Manager.	No.	No.
Physical Therapy – Outpatient People age 21 and older are limited to 40 hours per year from July 1st to June 30th.	Yes. Limited to 40 hours per year from July 1st to June 30th.	Yes.	$2.
Physician Services Most services are covered. Your provider may need prior approval from Medicaid.	Yes. Most services are covered. Your provider may need prior approval from Medicaid.	Yes. Except for family planning, pregnancy related, mental health, shots, vision, dental and certain other services. Ask your provider.	$4.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Podiatry	Yes.	No.	$4.
Private Duty Nursing Only for people age 20 and under with severe medical problems. Your provider may need prior approval from Medicaid.	No. Covered for people age 20 and under only.	Yes.	No.
Respiratory Therapy Only for people age 20 and under.	No. Covered for people age 20 and under only.	Yes.	No.

See notes about Medicaid services on page 23.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
School-Based Services Services you get at school, such as: speech therapy, occupational therapy, physical therapy, respiratory therapy, personal care services, shots, private duty nursing, and mental health. Only for people age 20 and under.	No. Covered for people age 20 and under only.	Yes. For some services.	No.
Social Worker Services (licensed)	Yes.	No.	$3.
Speech Therapy – Outpatient People age 21 and older are limited to 40 hours per year from July 1st to June 30th.	Yes. Limited to 40 hours per year from July 1st to June 30th.	Yes.	$3.

See notes about Medicaid services on page 23.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Substance Dependency Services – Day Treatment (No overnight stay) Only for people age 20 and under in a State-approved, non-hospital facility for alcohol and other drugs. You must complete substance dependency inpatient treatment first. Your provider will need prior approval from Medicaid.	No. Covered for people age 20 and under only.	No.	No.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Substance Dependency Services – Non-Hospital Inpatient Only for people age 20 and under in a State-approved, non-hospital facility for alcohol and other drugs. Your provider will need prior approval from Medicaid.	No. Covered for people age 20 and under only.	No.	No.
Substance Dependency Services – Non-Hospital Outpatient In a State-approved, non-hospital facility for alcohol and other drugs.	Yes. In a State approved, non-hospital facility for alcohol and other drugs.	No.	No.
Surgery – In-state Outpatient Your provider may need prior approval from Medicaid.	Yes. Your provider may need prior approval from Medicaid.	Yes.	$5 each time.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Therapeutic Family (Foster) Care Services Only for people age 20 and under. Your provider will need prior approval from Medicaid.	No. Covered for people age 20 and under only.	No.	No.
Therapeutic Group Home Care Services Only for people age 20 and under. Your provider will need prior approval from Medicaid.	No. Covered for people age 20 and under only.	No.	No.
Therapy, Outpatient – Occupational/ Physical/Speech People age 21 and older are limited to 40 hours per year from July 1st to June 30th.	Yes. Limited to 40 hours per year from July 1st to June 30th.	Yes.	$2 each visit for occupational and physical therapy. $3 each visit for speech therapy.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Tobacco – Products to help you stop smoking or chewing tobacco Your provider will need prior approval from Medicaid for drugs or patches.	Yes. Your provider will need prior approval from Medicaid for drugs or patches.	No.	$1 to $5 for each prescription.
Transplants People age 20 and under are covered for medically necessary, non-experimental transplants. People age 21 and older are limited to kidney, cornea, and bone marrow transplants for certain conditions and if medically necessary. Your provider will need prior approval from Medicaid.	Yes. Limited to kidney, cornea, and bone marrow transplants for certain conditions and if medically necessary. Your provider will need prior approval from Medicaid.	Yes.	For people age 21 and over, $100 for each stay in the hospital.

Service	Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Visit? NOTE: Pregnant women and people age 20 and under do not cost share.
Transportation – Non-Emergency & Per Diem (an allowance for lodging and meals) For the least costly form of transportation to get necessary Medicaid-covered services closest to you when there is no other way to pay for transportation. To learn more about transportation, read page 45. You will need prior approval from Medicaid Transportation. Call 1-800-292-7114 before you travel.		Yes. You will need prior approval from Medicaid Transportation. Call 1-800-292-7114 before you travel.	No.	No.

See notes about Medicaid services on page 23.

Service Covered by FULL Medicaid	Covered by BASIC Medicaid?	PASSPORT Approval: Do you need a referral from your PASSPORT provider before getting the service?	Is there Cost Sharing for this Service? NOTE: Pregnant women and people age 20 and under do not cost share.
Well Child Check Ups Only for people age 20 and under.	No – covered for people age 20 and under only.	Yes.	No.
X-Rays	Yes.	No.	Yes. There is cost sharing for some services. Ask your provider.

See notes about Medicaid services on page 23.

The Well Child Program

What is the Well Child Program?

The Well Child Program is a preventive health care program for children through age 20 who are Medicaid clients.

What is a Well Child Check Up?

A Well Child Check Up includes all of the following:

- Head-to-toe physical exam (this needs your PASSPORT provider's referral)
- Eye test
- Hearing check
- Nutrition check (this needs your PASSPORT provider's referral)
- Growth and development check (this needs your PASSPORT provider's referral)
- Blood and urine tests
- Immunizations (shots), if needed
- Speech and language check (this needs your PASSPORT provider's referral)
- Age-appropriate counseling

If any problems are found during a check up, your child will be sent to the right health care provider for further exams and treatment.

There is no cost sharing for people age 20 and under.

When should children have Well Child Check Ups?

Read the chart below to find out when your child should have a Well Child Check Up. If your child is not up-to-date with check ups and shots, make an appointment with your PASSPORT provider.

Schedule of Well Child Check Ups and Immunizations (shots)

Take your child to a provider for Well Child Check Ups at ages:

Birth	Check Up and Shots
1 month	Check Up and Shots
2 months	Check Up and Shots
4 months	Check Up and Shots
6 months	Check Up and Shots
9 months	Check Up
12 months	Check Up
15 months	Check Up
18 months	Check Up
2 years	Check Up and Shots
3 years	Check Up
4 years	Check Up
5 years	Check Up and Shots
6 years	Check Up
8 years	Check Up
10 years	Check Up
12 years	Check Up and Shots
14 years	Check Up
16 years	Check Up
18 years	Check Up
20 years	Check Up

Regular health care for children helps them to become healthy adults. Well Child Check Ups for older children include advice and information about problems caused by alcohol, tobacco and other drugs, as well as information about how to avoid unwanted pregnancy and sexually transmitted diseases, such as HIV/AIDS.

If a child or teenager goes for check ups regularly during childhood, the provider can catch little problems before they turn into big ones!

Medicaid Transportation

Can you get help with transportation to medical appointments?

Yes. **You must call the Medicaid Transportation Center at 1-800-292-7114 to get prior approval for Medicaid to pay.** You can get transportation help, such as bus or taxi fare, a wheel chair van, or money to help with gas, food and lodging if you need to get medical services away from home.

- Medicaid transportation covers only necessary Medicaid covered services. (A provider must say that you need the service.)
- You must go to the closest provider that can give the necessary services.
- You can get transportation help only if you have *no other way* to get to your medical appointment.
- Any transportation help will pay for the *least costly* means of transportation.
- See Medicaid client transportation information at www.dphhs.state.mt.us/hpsd/medicaid.

Here are some other things you should know about Medicaid transportation help:

- If you use your own car or other vehicle, Medicaid may pay for gas.
- If you are traveling to a place in your community, you may not be able to get help.
- Medicaid usually pays after you go to the appointment if you got prior approval.

Medicaid Abuse

What if you think that someone is abusing Medicaid?

If you think that:

- a provider is charging you and the Medicaid program for the same service,
- a provider is charging Medicaid for services you did not get, or
- someone is cheating or abusing Medicaid:

Please call the Citizen's Advocate Office, at 1-800-332-2272.

If you think that:

- someone is abusing Medicaid,
- someone is using Medicaid services excessively, or
- someone is using Medicaid services inappropriately:

Or write to:

DPHHS/Managed Care Bureau
Tedd Weldon
PO Box 202951
Helena MT 59620
Phone: (406) 444-1518

Complaints and Grievances

How to make a complaint

If you want to make a complaint, call the Medicaid Help Line at 1-800-362-8312, Monday through Friday, 8 am to 5 pm. The call is free and confidential. Say that you have a complaint.

What is a grievance?

A grievance is a written complaint. You can write about your complaint, and send it to the Medicaid Help Line. Send your grievance to:

Montana Medicaid Help Line
PO Box 254
Helena, MT 59624

What if you have a complaint about your PASSPORT provider?

Talk to your provider; often that will help. If that does not help, call the Medicaid Help Line at 1-800-362-8312.

What is a fair hearing?

You can ask for a fair hearing if you have a grievance about when Medicaid denies, suspends, reduces or terminates your Medicaid benefits. A fair hearing is a meeting with you and a fair hearing officer and someone from Medicaid. At a fair hearing, you have a chance to explain your grievance.

If Medicaid will not pay for a health service that you think should be paid for, you may appeal the denial within 90 days. To appeal, ask for a fair hearing.

To ask for a fair hearing, write your complaint and send it to:

Department of Public Health and Human Services
Office of Fair Hearings
PO Box 202953
Helena, MT 59620-2953

Fair Hearing and Team Care?

If you disagree with your enrollment in the Team Care program, please contact the Medicaid Help Line at 1-800-362-8312. The staff can help you get your enrollment reviewed, or help you ask for a fair hearing.

Discrimination

The Department of Public Health and Human Services (DPHHS) does not discriminate against (refuse to serve or deny benefits to) any person on the basis of race, color, national origin, age, sex, handicap, political beliefs, religion or disability.

This means that DPHHS will not refuse to serve or deny benefits to anyone who wants to be in any DPHHS programs or activities, or be employed by DPHHS (or its contractor or other agent) because of race, color, national origin, age, sex, handicap, political beliefs, religion or disability.

If you have questions or if you want to make a complaint to The U.S. Department of Public Health and Human Services (DPHHS) about discrimination, you may:

1. Call the DPHHS, Office of Human Resources Client Complaint Coordinator at (406) 444-3136 (TDD: 1-800-253-4091)
2. Fill in the discrimination form and send it to:

   DPHHS, Office of Human Resources
   Client Complaint Coordinator
   PO Box 4210
   Helena, MT 59604
3. Write to the Office for Civil Rights. Send your letter to:

   Office for Civil Rights
   U.S. Dept. of Public Health and Human Services
   Federal Office Building
   1961 Stout Street, Room 1426
   Denver, CO 80294-3528

   Phone: (303) 844-2024
   TDD: (303) 844-3439

Department of Public Health and Human Services

Client Complaint Resolution Form

Use this form to write your complaint about discrimination.

Name: _____

Mailing Address: _____

_____

_____

Telephone Number: _____

(8 am to 5 pm, Monday through Friday)

Please tell us about your complaint and write everything about the discrimination, such as the dates, names, places, and actions. Tell us if anyone saw the discrimination, and write their name or names and phones numbers. Use extra paper if you need to.

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What do you think should happen now?

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Signature: _____

Date: _____

If you need help with this form, call the DPHHS *Human Resources Client Complaint Coordinator at* (406) 444-3136, *or Health and Human Services,* 1961 *Stout Street, Room* 1426, *Denver,* CO 80294-3528.

Department of Public Health and Human Services

Americans with Disabilities Act Complaint Resolution Form

Use this form to write your complaint if you think you have been discriminated against because you are disabled.

Name: _____

Mailing Address: _____

_____

_____

Telephone Number: _____

(8 am to 5 pm, Monday through Friday)

Please tell us about your complaint and write everything about the discrimination, such as the dates, names, places, and actions. Tell us if anyone saw the discrimination, and write their name or names and phones numbers. Use extra paper if you need to.

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What do you think should happen now?

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Signature: _____

Date: _____

If you need help with this form, call the DPHHS *Human Resources Client Complaint Coordinator at* (406) 444-3136, *or Health and Human Services,* 1961 *Stout Street, Room* 1426, *Denver,* CO 80294-3528.

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NOTES

QUESTIONS? CALL THE HELPLINE AT 1-800-362-8312

PASSPORT To Health is operated by the Montana Department of Public Health and Human Services.

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